MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/●7881 **FILING DATE**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51						
2		1		\			52						
3		1		\			53						
4		1		\			54						
5		1		\			55						
6	1		\				56						
7							57						
8		2					58						
9	1						59						
10	\		\				60						
11							61						
12		2					62						
13	1		\				63						
14			1				64						
15	1		\				65						
16			\				66						
17	\						67						
18			\				68						
19		\	\				69						
20			\				70						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			7				TOTAL IND.						
TOTAL DEP.			13				TOTAL DEP.						
TOTAL CLAIMS			20				TOTAL CLAIMS						